

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5287

563-040097
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF George K. Boyd MEDICAL CERTIFICATION

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4629 E. 8th St.</u>		d. STREET ADDRESS (If outside, give location) <u>4629 E. 8th St.</u>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>LOUIS</u> Middle <u>EDWARD</u> Last <u>PORTER</u>		4. DATE OF DEATH Month <u>10</u> Day <u>23</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9/24/1905</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Deskman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Bowling Alley</u>	9. AGE (last birthday) <u>58</u>
11a. BIRTHPLACE (City and state or country) <u>Denver, Colorado</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>James D. Porter</u>		13b. MOTHER'S MAIDEN NAME <u>Lina Davis</u>	
14. NAME OF HUSBAND OR WIFE <u>Dorothy M. Porter</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT <u>Dorothy M. Porter</u> Address <u>4629 E. 8th K.C., Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac Arrhythmia</u> DUE TO (b) <u>Myocardial Infarction</u> DUE TO (c) <u>Coronary Occlusion</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Emphysema</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 minute</u> <u>1 hour</u> <u>1 1/2 hrs</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>3 AM</u> Month, Day, Year <u>Sept 24 1963</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Independence, Missouri</u>	
21. I attended the deceased from <u>Sept 24 1963</u> to <u>Present</u> and last saw her alive on <u>Oct 1, 63</u> Death occurred at <u>3 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>George K. Boyd</u> (Degree or title)	
22b. ADDRESS <u>5111 Independence Ave</u>		22c. DATE SIGNED <u>10/24/63</u> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10/25/1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington</u>	23d. LOCATION (City, town, or county) <u>Independence, Missouri</u>
24. FUNERAL DIRECTOR <u>C. H. Blackman & Son Kansas City, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>10-24-63</u>	
26. REGISTRAR'S SIGNATURE <u>Beasie Smith</u>			

(Licensed Embalmer's Statement on Reverse Side)

212
Bord
0-1-02

132-1-7943

409363
200 200

Perm-10660

STATEMENT BY LICENSED EMBALMER

0-3P

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Hugh Baird

Licensed Embalmer No. 4888

P. O. Address Kc 24, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.